The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIII APRIL, 1957 No. 4

RE: THE ANNUAL MEETING

The annual meeting of the District Society, as indicated below, will take place this year on Tuesday, April 30, 1957. It is imperative that we all attend and participate.

According to Robert's Rules of Order " . . . . the annual meeting differs from a regular meeting only in that, besides the regular business that may arise, the annual reports of officers and committees, and the election of officers are in order." This may not sound very alluring but, in an organization like ours, it transcends in significance all regular and special meetings held by the Society in the course of the year. It is a time for assessing the sum total of our yearly activities. It is a time also for contemplation and for rededication to the principles of organized medicine.

The annual meeting this year should prove especially interesting, even exciting. Never before has the Society "buzzed" with so much activity as in 1956-57. Three regular and one special meeting have already been held and each of these attracted sizable attendance. There are few Societies of our size that can boast of an attendance rating as high as ours probably because almost one-third of our membership is involved in committee work of one type or another. Their reports should prove quite revealing. The least we can do is to listen attentively and to offer approval and encouragement.

On the eve of our Annual Meeting it would seem appropriate to reemphasize that the strength of organized medicine lies primarily in the grass roots, in other words, in the District or County Society. This was expressed perhaps best of all by Dr. Elmer Hess, a recent past president of the American Medical Association, when he said: "The heart of medical organization is the county medical society. It is here that medical service programs rise or fall, membership in organized medicine increases or decreases, and public opinion is gained or lost. Therefore, the activities sponsored and promoted by county societies are most important to all concerned—physicians, the public, community health organizations, and medical associations."

M. M.

ANNUAL MEETING

The Annual Meeting of the Hampden District Medical Society will be held on Tuesday, April 30th, at 6:30 P. M., at The Roger Smith Hotel, Holyoke.

Dr. Allen G. Rice, Sec.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 650 Copies.

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FEBRUARY MEETING AFTERMATH

At its meeting of February 26, 1957, the Hampden District Medical Society voted that its Executive Committee consider: (1) holding District meetings between receipt of the State Society's Executive Committee report and the Council meeting; and (2) having each member of the District receive a copy of the Advanced Information for Councilors.

The Executive Committee of the District Society discussed these proposals (March 14, 1957) and voted not to approve them because: (1) the schedule for issuing and receiving the report of the State Society's Executive Committee is too tight to permit holding District meetings at the time proposed; and (2) that furnishing each member of the District a copy of the Advanced Information for Councilors is too expensive. However, any member who so desires, may obtain a copy of it from the secretary of the District.

Allen G. Rice, M. D., Sec.

TO KNOW OR NOT TO KNOW

The recent rumpus over Blue Shield groupings and revision of fee schedules arose over methods of manipulation rather than criticism of the findings of the hard-working Committee on Blue Cross, Blue Shield problems. The rank and file feel that they had small chance to study these questions, let alone to offer instructions to their councilors. These beliefs are prevalent in the western end of the state, especially in the smaller communities. To relay advance information to the grass rooters early enough for study, in the pre-council meeting, as the secretaries, both State and District point out, is out of the question because of scant time schedules. (See Secretary Rice's report above).

A possible solution of this impasse would be to publish the advance information of the other committee reports as a supplement to the New England Journal of Medicine, either inserted or bound. Not only councilors but every fellow thus would receive a copy in time to warrant a regular meeting for their discussion. Dr. Buck, Secretary, Mass. Medical Society, currently is studying the possibility with Editor Garland. It is to be hoped that this rebirth of interest in the business of the Society will persist so that future councilors may be truly representative of the will of their constituents.

However the secretaries point to the fact that the reports of Advance Information for Councilors previously have been offered to fellows for the asking, but few took the trouble. These disillusioned officials have surmised that there are even councilors who do not pursue the information that has been furnished with the expenditure of so much time, effort and expense. Perhaps the Hippocrat can help to keep the interest alive! Send us your thoughts!

S. Q. Lapius

P—R NOTES

Hampden District participated recently in eleven Science Fairs. These were held in different high schools throughout the area.

Several District members personally viewed the exhibits and then made the awards, consisting of certificates and monetary tokens. First and second prizes were $15.00 and $10.00 respectively. There was very much interest shown in these exhibits and in the awards.

* * * *

New members of the Society (admitted since January, 1956) will be invited shortly to attend a dinner-meeting at the Sheraton-Kimball Hotel to be held on Tuesday, April 23, 6:30 P. M. (Room 214). The purpose of this meeting will be to familiarize them with the workings of The District Society and with other important information pertaining to the practice of medicine in this area.

Joseph M. Baker M. D.
Public Relations Councilor

LEGISLATIVE NOTES

The Pound Bill (Senate #315)—was passed by the Senate and is now referred to the House Ways and Means Committee.

The Chiropractic Licensing Bill (Senate #398)—was listed for hearing by the Committee on Public Health on March 12th.

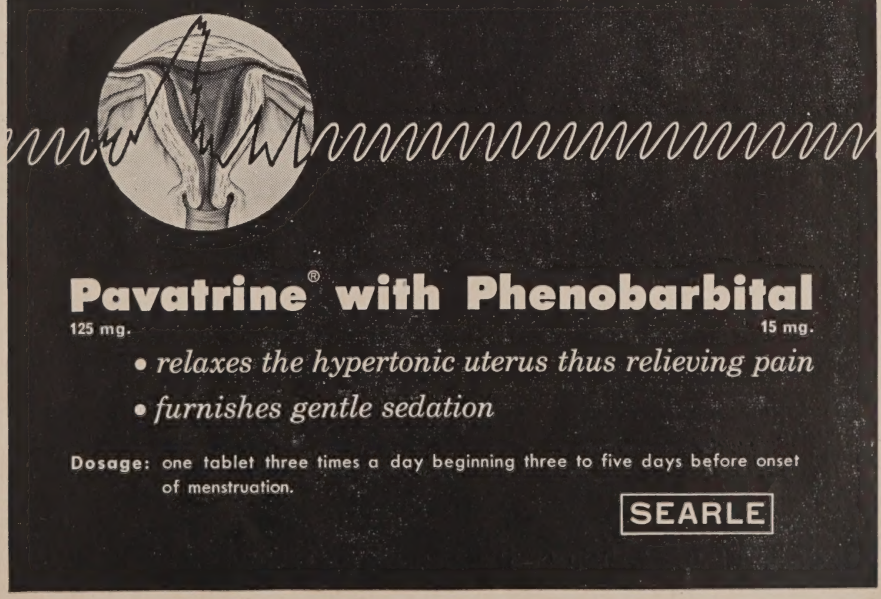
There is nothing new to report at this time on the *New Drug Act.*

It was requested in the February issue that the names of any doctors who happen to be the family physicians of any State Representatives or Senators in our county be forwarded to The Legislative Councilor. To date, no answers have been received.

Louis E. Hathaway, Jr. M. D.
Legislative Councilor

COMPLIMENTS
Ernest A. Byron
SPRINGFIELD

in dysmenorrhea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MEDICAL STUDENT AID FUNDS

The appeals for financial aid to medical students, which many a doctor has received recently from his alma mater, indicate that the high cost of living has created a serious problem in medical eudcation in the U.S.A. At this particular time when industry makes so many attractive offers to young men and women just out of college, the additional years of study required to become a doctor ought to carry some financial assistance. Indeed a reappraisal of medical education is long overdue and we might well institute methods of shortening the medical course to let's say two full years of work.

Not so many years ago if the prospective medical student didn't have the money to go to school he saved until he had it, or worked his way through medical school. But times have changed, for when a man goes to medical school today he doesn't go alone, he often has a wife and probably also a child, and with the wife working plus the help of a scholarship they manage somehow to get along. Probably a man with a family makes a better student, uses his opportunities to better advantage and doesn't require so much time off. Having established a home he is already living part of his future, so that when he is ready to start in practice the transition is perhaps easier.

In regard to medical scholarships we learn that over a million dollars are now available from various foundations, service clubs, medical societies, the Student American Medical Association, hospitals and other non-government sources. This might serve to support 500 medical students, but strangely enough the total amount is not spent because there are not enough qualified applicants. Even in many of our medical schools there are funds for deserving students that are lying idle perhaps because of certain restrictions. From all accounts it appears that there are ample funds to help medical students whose qualifications entitle them to such aid, and it should be in the best interest of all of us to see that they get it. A central agency might be created to provide information and assistance to deserving young men and women.

E. C. D.

A.M.A. SECRETARY REPORTS

"At a meeting in Washington Jan 6, a committee acting in behalf of the A.M.A., agreed that:

"Polio vaccine is both safe and effective; everyone should be encouraged to be vaccinated, particularly those under 40; inertia and apathy are primarily responsible for the failure of large segments of the public to be vaccinated; the medical profession should go "all out" in an effort to promote the use of vaccine; medical organizations should assume leadership in such a campaign, and the American Medical Association, together with its state and territorial associations, should spearhead this campaign.

"It was clearly recognized that the principal responsibility for implementation of the program must rest with the state and local medical societies, and the Washington meeting group agreed that every effort must be made locally to activate the campaign as soon as possible so that at least the first inoculations can be administered by March 1.

"Several medical societies have already started or are in the processing of planning inoculation programs. These include: North Carolina State; New York City; Dade County, Florida; Michigan State; Chicago and Akron."

George F. Lull, M. D.
Secretary, A.M.A.

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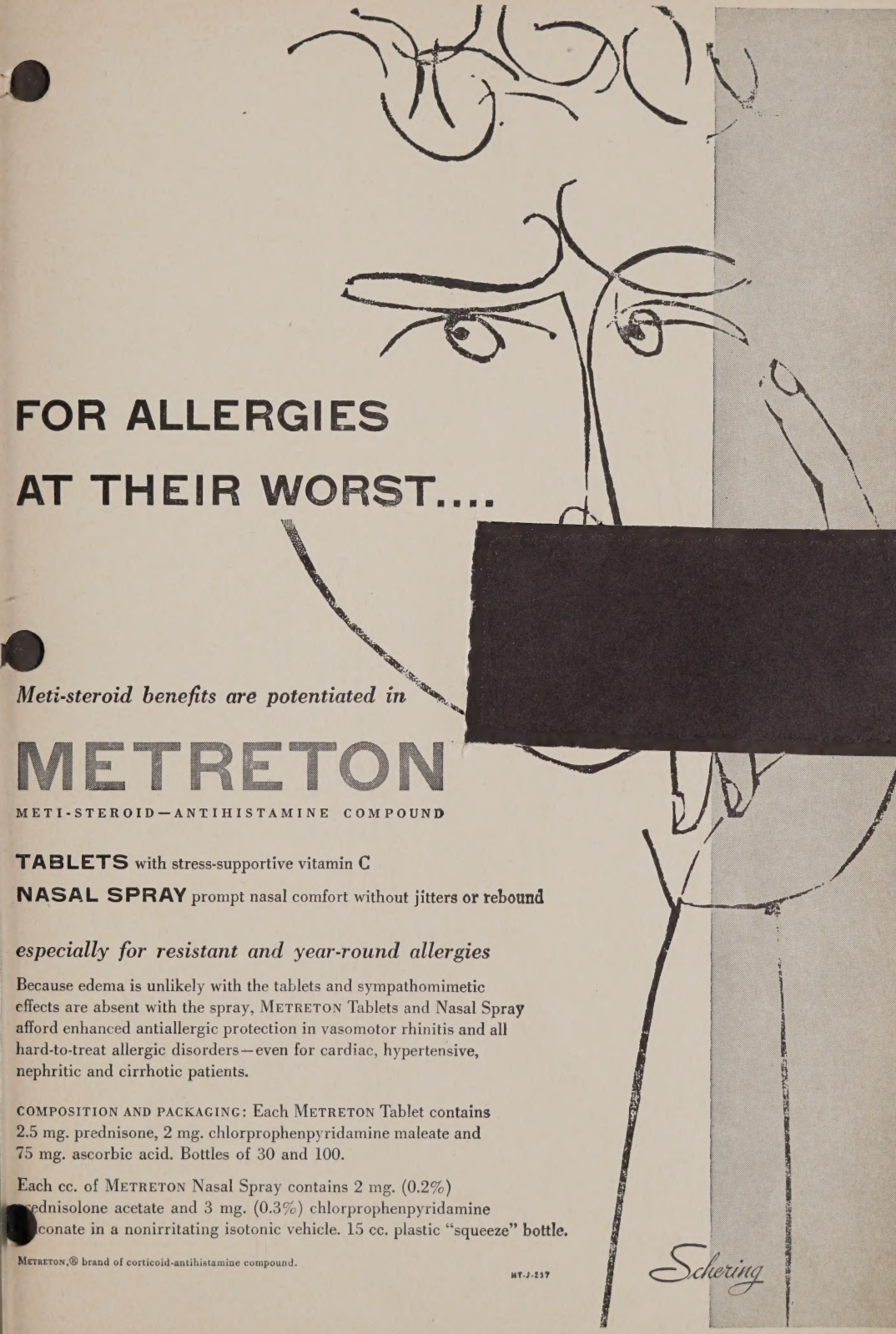

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Born: July 14, 1924, Newark, New Jersey. Office: The Douglas Clinic, Inc., 48 Court Street, Westfield, Massachusetts. Medical Degree: Cornell University. Internship: Newark City Hospital. Residency: N. Y. U.,-Bellevue Postgraduate & Martland Medical Center - 4 years, surgery. Specialty: Surgery. Home Address: 90 Churchill Road, West Springfield, Mass.

James D. Allan

A BOUQUET FOR HAMPDEN

"We doff our hats to Hampden District. Its constructive approach to problems affecting its members deserves emulation by all the District Societies in Massachusetts."

Massachusetts Physician, March, 1957

Chapter 3, Article 4, Section 6. Principle of Medical Ethics, A.M.A.

"When, because of sudden illness, or accident, a patient is taken to a hospital without the knowledge of the physician who is known to be the personal, or family physician, the patient should be returned to the care of the personal, or family physician as soon as is feasible."

GESUNDHEIT !

"Another tool for the study of the common cold—still baffling medical science—has been attained. For the first time research men have been able to give the sniffles, runny noses and the other symptoms of colds to hamsters, an animal long popular in laboratory studies. In the past, it had been possible to infect only chimpanzees with man's colds, and they are expensive animals. Five scientists at the University of Maryland at College Park took four strains of cold virus from humans and inserted them in noses of baby hamsters. After three to seven days the animals exhibited typical cold symptoms. Older hamsters given materials from the babies also developed colds, the researchers reported, but the hamsters originally having colds did not get them when given the materials a second time."

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CORRESPONDENCE

DRUGS, DOGS and DOCTORS

Dear Hippocrat:

Since 1954 the doctors of Massachusetts have been living with a law known as the New Drug Act (Chapter 577, Acts of 1954). This is a very dark, heavy and dangerous shadow hanging over all of us. Our profession has been degraded by being put under the control of the Board of Registration in Pharmacy and the Department of Public Health.

The highlights of this bill make it illegal for you, as a doctor, to sell, dispense, or give away drugs, even in country areas where drugstores are scarce. How often have your patients complained of not being able to get a drugstore that was open? Think of Sundays and holidays, and of after 9:00 and 10:00 p. m., when no drugstores are available. Are our patients to suffer because we, physicians, live in jeopardy of arrest and a fine leaving them emergency medication?

Do we not as doctors owe it to the patients we serve to fight for the repeal of this unjust Law? Dispensing drugs is a time-honored right and privilege of every doctor. Are we as physicians and surgeons less qualified than the men of the Board or Registration in Pharmacy?

It is high time that something was done about this. Although we did try through our District Society, no results to date have come except for a few minor changes hardly worth even mentioning.

In contrast, the Massachusetts Medical Society has spent a great deal of time and money in 1957 sponsoring Senate Bill 315, known as "The Pound Bill". Is it not more important to the physicians that they fight to get back their time-honored right of dispensing drugs?

If the pharmacists are so intent upon taking over the practice of medicine perhaps the package store dealers would be interested in taking over the pharmacists' liquor business.

I urge each and every member of our District Society to press the Councilors and officers of the Massachusetts Medical Society to spend as much time and money in the repeal of this legislation as they have done in fighting for Senate Bill 315. The Hampden District Medical Society voiced its objection to this New Drug Act and recommended that action be taken to amend or repeal it. To date nothing has been done. Are we, the men in Western Massachusetts, going to take this lying down?

My hat is off to men like Dr. Miller whose recent article in the Hippocrat has kept the issue alive; also to the other District Societies that have kept the action going to repeal this legislation.

Wake up and take action now before more levies are laid on the physician, who will perhaps be put under the control of still some other board.

Stephen A. Mahoney, M. D.

(Editor's note: Just before going to press the following news item was brought to our attention.)

"Dr. Stephen A. Mahoney, Holyoke, was elected president of the Western Massachusetts Fencing club."

A CROWDED EVENING

Dear Hippocrat:

. . . . The February meeting must have been quite a jumble. The Program Committee tried to cram too many things into one meeting. Doesn't it seem, that the Industrial Accident problems, plus Blue Shield and Medicare are more than enough for one meeting? George Vash, M. D.

COMPLIMENT

Curran-Jones

WEST SPRINGFIELD

MENTAL HEALTH CLINIC MOVES

Dear Hippocrat:

The Hampden District Mental Health Clinic has given up its rooms at the Wesson Memorial Hospital and has established temporary quarters at 145 State St.

Organized in 1951 the Clinic was approved in principle by the Hampden District Medical Society. The original Board of Directors established the rules under which it should function. It obtained a charter from the Commonwealth, and secured financial support from the Dexter Fund.

Dr. Stanley Hapinchuk, a diplomat of the American Board of Psychiatry, was appointed Psychiatrist and Director of the Clinic in November, 1953. In July, 1956 a Psychiatric Social Worker was added to the staff. The vast majority of patients have been referred by doctors, but social and religious agencies, and personnel boards of industry and commerce also send patients for examination or treatment.

During its first year of operation 146 new patients were seen at the Clinic; in the next two years 264 new patients were seen. In all, 126 patients have been successfully treated and returned to the community as well adjusted citizens. Of the remainder a large number were seen for psychiatric evaluation only, or failed to return for completed therapy; approximately 40 are under active therapy at any one time.

This Clinic is providing psychiatric care with continuity for the low income group, a type of care not generally available in communities of this size, and a service of which this city can be justly proud. Since October 1956, it has been a Red Feather agency. It looks for continued growth and usefulness.

Lewis W. Whiting, M. D.

HISTORICAL NOTES

(Culled by President Holleran during his recent travels abroad.)

"Cases in midwifery, in which an accurate and impartial account is given of the delivery of 225 women, most of which cases were attended with a great deal of danger and difficulty.

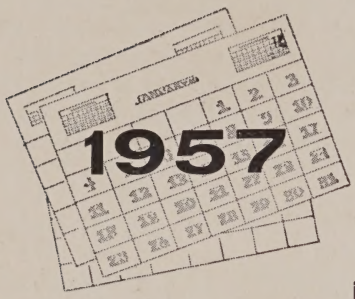
Mr. William Gifford (Circa 1725)
Surgeon man-midwife

Case VIII

"The back part of the head presenting.

"October the 12th, 1725, two women came to ask my opinion and directions for a woman who had been some days in travail, telling me that the membranes were broke, and the waters run off two days before, and that her pains were quite gone off. I enquired what had been done; they told me she had taken a Clyster the day before, which I ordered to be repeated; it has so good effect that her pains returned, but not so strong as to bring the child forwards. Wherefore about 5 o'clock, I was fetched to her and upon examination found the back part of the head sunk somewhat low into the outer orifice and quite bare, the womb being thoroughly dialated and retired from it. I therefore advised, when her pains came in, that she should hold her breath, and force down with all her might, which she punctually observing, her pains increased, and the head sunk lower, though very slowly. She desired I would tarry to see the Evenit, and about 11 o'clock I had the pleasure of seeing a lusty boy born. I bid the midwife take care to grease the parts well in order to make them slippery and more readily give way to the pressure of the child's head. This case I set down only as a caution to practitioners not to be too hasty."

Patronize our advertisers and remember to mention the Hippocrat.



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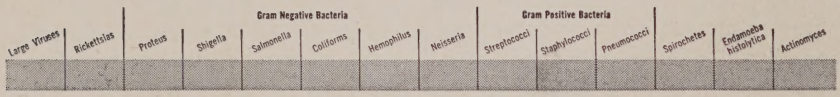

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DR. BAUER TO VISIT SPRINGFIELD

The speaker for the April meeting of the Health Section of the Community Council of Springfield, will be Dr. W. W. Bauer, Director, Bureau of Health Education of the A.M.A. and Editor of "Today's Health". He will speak on the subject of developing a comprehensive community health education program.

This luncheon meeting will be held on Tuesday, April 30, 1957, 12:15 p.m., at the Y. W. C. A., Howard Street. For reservations, call Community Council, RE 7-2694.

ACADEMY CELEBRATES ITS 50th

On March 15, 1957 the Springfield Academy Of Medicine commemorated its 50th Anniversary with a Special Dinner Meeting for members and their wives at the Sheraton-Kimball Hotel, Springfield. A highlight of this meeting was a historical review of the first 50 years of the Academy by Dr. W. A. R. Chapin. Preceding this, remarks were heard from Mayor Daniel B. Brunton and also from one of the two surviving charter members, Dr. Comins who is also a past president of the Academy.

The guest speaker of the evening was Dr. William Dameshek of Boston who spoke on "The Odyssey Of A Hematologist". His lecture, which was based on his recent visit to numerous hematology centers of the world including Soviet Russia, was well received.

AUXILIARY DOINGS

The month of January ushered in the auxiliary's busy season of Nurse Recruitment teas at the Mercy, Springfield, Providence, and Holyoke Hospitals. Ten nursing scholarships will be awarded this year through the proceeds of the White Cap Ball fund.

Mrs. Gardner Cox of Holyoke was general chairman of the four scholarship teas and appointed the following to head committees of each hospital tea: Mrs. Martin Murray, Mercy Hospital; Mrs. Milton Kibbe, Springfield Hospital; Mrs. Paul Wakefield, Holyoke Hospital, and Mrs. Rene Hebert, Providence Hospital.

About 275 high school girls attended these teas which included a talk on the advantages of a nursing career, tour of the hospital and a question and answer period. Interesting movies were also shown.

* * * *

The February meeting held at the Springfield Hospital was highlighted this year by an outstanding speaker, Dr. Louise Bates of the Gesell Institute of Child Development at New Haven, Connecticut. Her topic covered the age range from two years to the early teens. The lecture was both encouraging and enlightening in regard to child management.

Mrs. Joseph Zielinski of Holyoke and Mrs. Paul Wakefield arranged a lovely tea following the meeting.

* * * *

On Friday, February the 8th, Mrs. Lestor Suzor and Mrs. George Sotirion were interviewed on the T. V. program "At Home With Kitty", Station WWLP, in reference to the magazine "Today's Health". Both young women were a credit to their auxiliary.

Mrs. Suzor is chairman of "Today's Health" and she reports that her total subscriptions will number about 150 to date. She finds a certain apathy among the lay people in regard to this magazine but the professional group, libraries and schools find the magazine excellent reading material.

Mrs. Leslie M. Parent
Chairman, Publicity

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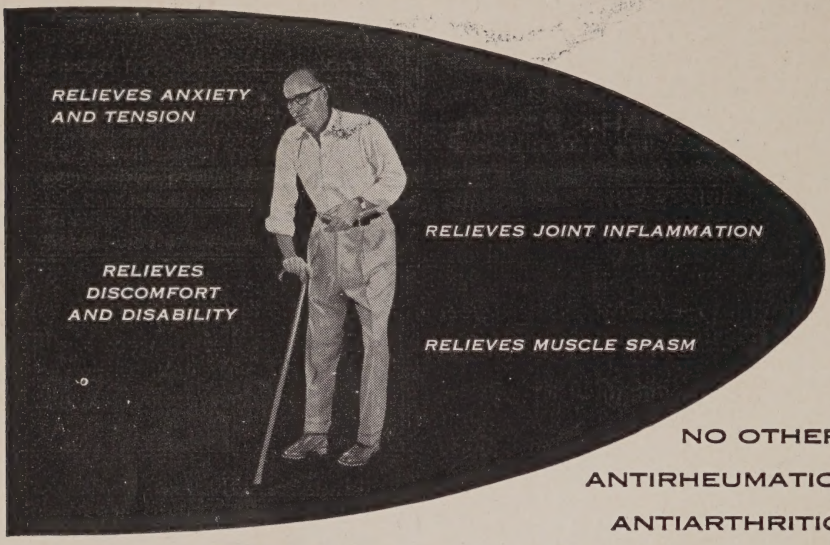

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SPECIAL MEETING HIGHLIGHTS
(April 1, 1957)

This is a special meeting under the chairmanship of Dr. Wayne C. Barnes of The Medicolegal Committee . . . . About 225 doctors and lawyers fairly fill the auditorium of the Municipal Hospital . . . . A. M. A's. Mr. William J. McAuliffe, Jr., deploring the "Professional Witness", speaks briefly introducing the sound movie "The Medical Witness" . . . . Honesty, authority and thoroughness make the doctor an effective witness . . . . The audience feels sorry for the bumbling doctor who takes the witness stand unprepared . . . . The panel consists of two physicians (Joseph Hahn, Edward J. Ferrarone) and two trial lawyers (William A. Godfrey, Frederick S. Pillsbury), with Mr. McAuliffe serving as moderator, ... Many interesting questions are asked and answered . . . . 80% of all legal cases require medical testimony . . . . The doctor and the lawyer have a right to consult with one another before going to court . . . . There is no confidential-communication privilege between doctor and patient as far as the courts are concerned . . . . Doctor Chapin receives accident call from patient who assures him lawyer has already been notified . . . . The number of cases recovering after "therapeutic" settlement is on the increase . . . . A code of procedure and ethics between doctors and lawyers is being formulated for approval by the two professions in this area . . . . The meeting is closed with a humorous poem about a simple black eye, which is however couched in such high-sounding technical phraseology as to make it barely recognizable . . . .In interview after the meeting, Mr. McAuliffe adjudged it as "most successful" . . . .

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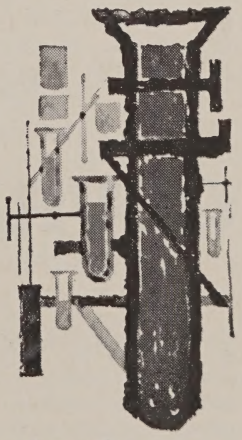

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COMPULSORY HOSPITALIZATION OF THE TUBERCULOUS

One of the major problems in attempting to control tuberculosis has been the inability of official health agencies to cope properly with the public health hazard of patients who are unwilling to be hospitalized or to follow proper medical advice for treatment at home A recent survey by the United States Public Health Service revealed that 45% of tuberculosis patients are being treated at home with 87% of these being in the advanced stages of the disease. Approximately 44% have left sanatoria against advice and 16% have no medical supervision whatever.

Until 1956, Massachusetts law provided for the isolation of tuberculosis patients, but made no provision for duration or place of detention or treatment. Since 1948, twenty-two states have enacted legislation to cope with the uncooperative tuberculous patient, and the bulk of this legislation establishes some type of compulsory hospitalization procedure.

With an eye to remedying the situation in Massachusetts, the General Court in 1956 passed legislation to provide an effective court procedure for hospitalization of uncooperative tuberculosis patients with adequate protection of the personal rights of these individuals. This same statute provides for the establishment of a center at one of the state sanatoria where such persons can be safely detained and adequately cared for.

Before a person can be considered by a court for compulsory confinement, a local board of health or two licensed physicians must certify that the person (1) is affected with active tuberculosis, (2) unwilling or unable to accept proper medical treatment, and (3) is thereby a menace to public health. There must also be concurrence in this certification by the Massachusetts Department of Public Health. The court hears the case and can order observation for fifteen (15) days or prolonged hospitalization on the basis of the facts gathered and presented. Discharge of the uncooperative patient from the detention treatment center may be effected by the person in charge of the center when the patient is no longer infectious or indicates his willingness to cooperate with prescribed treatment. The patient may also petition the court for release if he can demonstrate that he no longer requires such hospitalization.

With the aid of a committee of experts, "sufficient evidence of active communicable tuberculosis" has been legally defined by the Massachusetts Department of Public Health as (1) laboratory demonstration of tubercle bacilli in secretions or excretions by culture, guinea pig inoculation, or smear and (2) interpretation of chest x-ray as tuberculosis by a competent medical authority.

The State Health Department has also set up minimum standards for proper medical treatment of active tuberculosis patients at home so that they will not be a menace to the public health. Of import to the private practitioner is the fact that these standards designate specific practices for the proper handling of patients and their contacts. Failure of a patient to cooperate obligates the physician to report this fact to the board of health.

The law is not as yet being fully enforced since a detention - treatment center is not yet in operation. Experiences of other states after passage of similar legislation indicate that many of the formerly uncooperative patients become voluntarily hospitalized or agree to accept proper medical treatment without going through the indicated compulsory procedures. Therefore, one might consider legislation of this type to be a useful complement to the usual educational methods associated with effective tuberculosis control programs.

J. C. Ayers, M. D.

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PLACE: Roger Smith Hotel, Holyoke.

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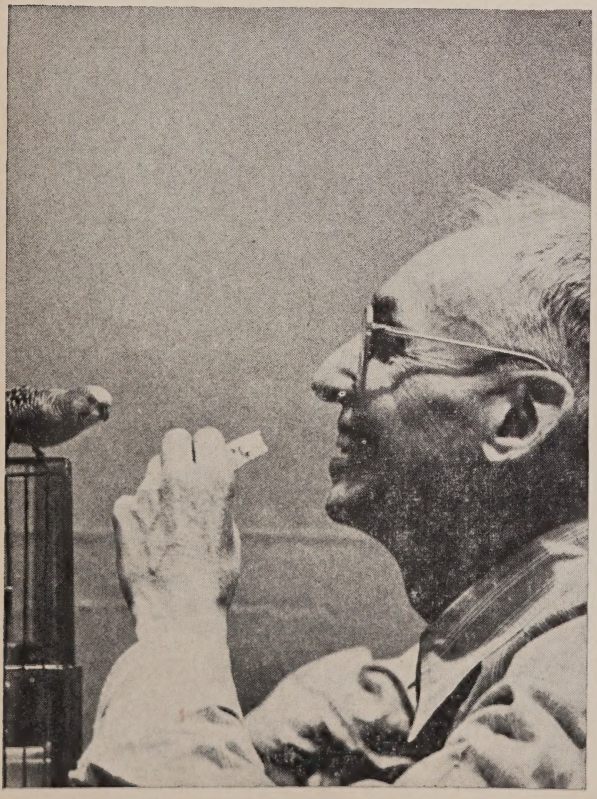

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DISASTER PLANNING

by
George A. Vassos Jr., M. D.
Chief Medical Officer
Springfield Civil Defense Agency

(Editor's Note:

It is difficult to think of a problem more vitally important at the moment than Disaster Planning. The article below, which was prepared at the request of the Hippocrat, was approved by Mr. William Forrest, Springfield Civil Defense Director, and Dr. John Ayres, Health Commissioner. Limitation of space necessitates presenting it in two installments.)

Introduction

If we accept the premise, as we must, that the primary objective of disaster planning is to save life, the effective organization of our medical resources in Springfield is imperative. Technical or professional knowledge, however precious and important as it may be, is not enough. It must be organized in order that it may be fully utilized. We have been organizing these resources during the year following the Worcester Tornado and are not accepting the easy way of planning for disaster amidst confusion, hysteria and panic.

Our Health Commissioner, Dr. John Ayres, has appointed a Chief Medical Officer to plan in detail the use of our medical resources for natural disasters (other than war-caused catastrophies) and atomic bombings.

Organization

Under the very capable direction of the local Civil Defense Director, Mr. William Forrest, there are many community disaster sections that coordinate the activities of the various units organized in the city. The Medical and Health section is merely one of the many others such as fire, police, rescue, welfare, utilities, wardens, etc. These main sections coordinate their disaster operation from a well organized, secretely located, underground center that is operational and may be fully manned on very short notice. This "Control Center" is equipped with "live" phones for all sections, a two way radio unit that is in contact with all district Civil Defense Headquarters in the City as well as sector headquarters — the next higher echelon of Civil Defense Command. The communications section also has many two way short wave portable units to be used in the disaster area and keep the "Control Center" informed of the situation. This center is also equipped with magneto phones that can be used to contact larger Cities should our other Communications be unusable.

There is a large map with clearly marked coordinates where a map group plot the disaster problems. This map is centrally located in the control center so that all sections may visualize the plotting. As each section sends units to the disaster this is indicated on the map with various markers. Also a large "operations board" is located at one end of the map. As each section sends out a unit, a light is turned on indicating the type of unit in operation. This serves as a checklist so that it becomes obvious to the Director when help will be needed from surrounding Communities.

A message center receives and posts messages. These messages are first checked for accuracy by the intelligence section. Then the message is read over a loud speaker system and posted on a large message viewer. All sections involved get a copy for information and appropriate action.

Medical Organization

The medical and health section headed by the Health Commissioner and a chief medical officer who has two deputies, Drs. Myles Illingsworth and H. H. Shuman.

The *Administrative Section* is staffed by a group of women volunteers, many of whom are from the Caduseus Club, and is directed by Miss Edythe Labb of the Professional Business Service.

The *Mortuary Section* is very well organized both for natural and war

disaster problems. Dr. W. A. R. Chapin is in charge of this group of physicians and morticians. The prompt establishment of temporary morgues, the careful handling, identification, and tagging of the dead is of great importance. This has all been outlined in detail in a booklet published by this group. The expense of this publication was borne by The Springfield Funeral Directors. This is a fine example of good disaster planning where every detail is worked out and published for the guidance of those concerned.

The *Medical Transportation Section* is organized under Mr. Robert Moran of Moran Sales Co. This includes busses, trucks, ambulances, etc. This section is to have all available ambulances and auxiliary medical transportation organized, readily available and manned by trained personnel.

The *Communications Section* is especially important in that all medical units such as first aid station groups. casualty hospitals and improvised hospitals must be tied in with our control center by phone, radio or messenger. Standardized message forms are established for clarity and avoidance of confusion. Alert lists for key members of medical disaster teams are established. This section is ably guided by the owner of the Audio Shop, Mr. Henry J. Supinsky, a civic minded volunteer.

The *Medical Supply Section* organized by Mr. Herbert Goldstein of The Mass. Wholesale Drug Co. is well organized. This section has at its fingertips the location of all drugs, medical supplies and equipment in this area. They are responsible for providing all medical supplies needed to the various medical installations and hospitals. Each hospital disaster team has a medical supply officer who will request his supplies through his communication center to the control center and thus to the chief of the medical supply section. This section is responsible for the safeguarding and regular inventory of the first aid station equipment and plasma already stored in Springfield by Civil Defense.

The *First Aid Section* is now actively engaged in staffing and training five first aid station groups. Each group headed by a physician has 232 persons assigned to it. These consist of dentists, nurses, orderlies, messengers, litter bearers, field first aiders, first aid technicians, etc. Dr. LeRoy Kendrew along with Dr. Joseph Kelly and Dr. Irving Meyer are vigorously endeavoring to iron out the problem involved in organizing this unit into workable teams. Dr. Melvin Warhaftig has volunteered to head First Aid Station Group #1. Dr. Harry Tapp has also agreed to head another unit. Drs. Milton Kobrosky and Lincoln Wales will also command two other aid stations. The equipment for these units is on hand, and Civil Defense has provided training equipment for such units.

The *Casualty Hospital Section* is staffed by the disaster committees of the three general hospitals here. The Springfield Hospital group is headed by Dr. James Smead, The Mercy Hospital Disaster Committee chairman is Dr. Charles Diamond, and the Wesson Memorial Hospital disaster group is headed by Dr. George Sotirion. All these disaster committees have met in the control center, familiarized themselves with Community disaster planning and are continually working on their own hospital plans. Effective community disaster planning depends to a large extent upon the full cooperation of these three hospital disaster committees with Civil Defense authorities. This has certainly been given. The American Hospital Association has recently published a booklet entitled "Disaster Planning for Hospitals". This is an excellent guide for hospital programs.

(To be concluded.)

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